

ASSOCIATE MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Application type: *(Please circle)* **NEW** **RENEWAL** **CHANGE OF INFORMATION**

Organization Name:

Current address:

City:

Country :

ZIP Code:

Main Activity: *(example: book publishing)*

Website URL:

PRIMARY CONTACT INFORMATION

Primary Contact:

Contact Address: *(if different from above)*

City:

Pref:

Zip Code:

Position:

Tel:

Fax:

E-mail:

Note: Email is most important.

TYPE OF MEMBERSHIP (SEE AM TERMS OF AGREEMENT FOR DETAILS)

Choose Type:
(Check one; rates shown are for one year)

Presenting (¥126,000)

Displaying (¥105,000) Supporting (¥84,000)

AM Sampler (¥136,000 / For first time applicants only)

Lifestyle (¥53,000 / For non-education related companies only)

SIGNATURES

Samples of signatures or hanko for verification purposes

Signature of applicant:

Sample
Hanko:

OFFICE USE ONLY

Approved by

Programs:

Treasury:

Business:

Date:

Date:

Date:

Date Received:

Date Approved:

Database input:

Customer No.

Term: